



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/466,828
	Filing Date	December 20, 1999
	First Named Inventor	Shunpei YAMAZAKI et al.
	Group Art Unit	2818
	Examiner Name	Ngan V. Ngo
Total Number of Pages in This Submission	Attorney Docket Number	0756-2077

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. 3. 4. 5. 6.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	July 17, 2008

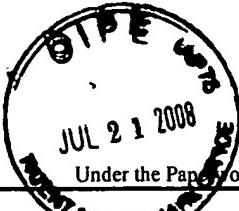
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Type or printed name	Adele M. Stamper		
Signature		Date	July 17, 2008

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL FOR FY 2007

Effective 09/30/2007. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ 1060.00)

Attorney Docket No. 0756-2077

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
50-2280Deposit Account Name
Robinson Intellectual Property Law Office

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments

- Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	310	2001 155 Utility filing fee	
1111	510	2111 255 Search fee	
1311	210	2311 105 Examination fee	
Over 100 Sheets/260 for each additional 50			

SUBTOTAL (1) **2. EXTRA CLAIM FEES**

Total Claims	-20** =	Extra Claims <input type="text"/>	Fee from below <input type="text"/>	Fee Paid <input type="text"/>
Independent Claims	-3** =	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent		<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	210	2201 105 Independent claims in excess of 3
1203	370	2203 185 Multiple dependent claim, if not paid
1204	210	2204 105 ** Reissue independent claims over original patent
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

Complete if Known

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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
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1252	460	2252	230 Extension for reply within second month	
1253	1,050	2253	525 Extension for reply within third month	
1254	1,640	2254	820 Extension for reply within fourth month	
1255	2,230	2255	1,115 Extension for reply within fifth month	
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1802	900	1802	900 Request for expedited examination of a design application	
Other fee (specify) <u>Terminal Disclaimer</u>				\$130.00

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ 1060.00

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SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature				Date	July 17, 2008



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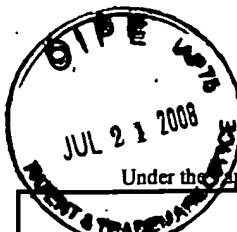
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